

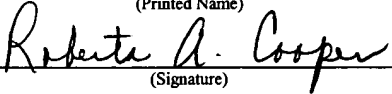


Application Serial No. 10/656,832

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Richter et al.  
Title: MERCHANDISING SYSTEM  
Appl. No.: 10/656,832  
Filing Date: 09/05/2003  
Examiner: Jennifer E. Novosad  
Art Unit: 3634  
Atty. Dkt. No. 023720-0339

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 593165431 US	05/26/05
(Express Mail Label Number)	(Date of Deposit)
Roberta A. Cooper	
(Printed Name)	
	
(Signature)	

**REPLY AND AMENDMENT**

This communication is responsive to the Office Action dated April 28, 2005, concerning the above-referenced patent application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks** begin on page 8 of this document.

Please amend the application as follows:



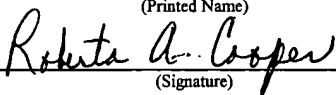
05-27-05

IFW

Application Serial No. 10/656,832

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Applicant: Gary M. Richter, et al.  
Title: MERCHANDISING SYSTEM  
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EV 593165431 US	05/26/05
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Roberta A. Cooper	
(Printed Name)	
	
(Signature)	

**AMENDMENT TRANSMITTAL**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Reply and Amendment (9 pages).☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	41	-	41	=	0	x	\$50.00	=	\$0.00
Independent Claims:	3	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$360.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

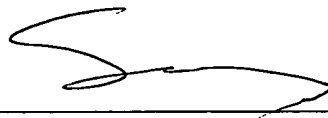
<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 5/26/05

By 

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777 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-5306  
Telephone: (414) 297-5872  
Facsimile: (414) 297-4900

Scott M. Day  
Attorney for Applicant  
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